

Foster Family Home - Corrective Action Report

Provider ID: 1-560905

Home Name: Anita Pinera, CNA

Review ID: 1-560905-14

907 Winant Street

Reviewer: David Ayling

Honolulu HI 96817

Begin Date: 10/25/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with all items due to CTA by 11/25/19.
CAP completed 12/16/19.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff - CG #1 not using Sign in/Sign Out when leaving CCFFH and/or not filing it out correctly.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire - CG #3 has not lead a fire drill in the last 12 months.

Foster Family Home Physical Environment [11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3) - No approved CG's at the CCFFH at time of unannounced recertification visit.

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Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) - Last Service Plan done 5/30/18 for Client #1 by CMA #1. Last Service Plan done 11/12/18 for Client #2 by CMA #2.

54.(c)(5) - Client #1 - [REDACTED] not charted on MAR since May 2019. 28 tablets given from bottle (Total of 54 tablets when bottle is full). CMA #1.

Client #2 - [REDACTED] not charted on MAR. CG #1 states she is giving [REDACTED] (CMA #2)

David A. Anglin, RN
Compliance Manager

Arch Jim
Primary Care Giver

10/25/19
Date

10-25-19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed In Corrective Action Report
Chapter 17-1454

CCFFH Name: Anita C. PineraCCFFH Address: 907 Winant St. Honolulu, HI. 96817

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
(3P)(b) (2)	I have started a new sign in and sign out sheet	10/26/19	I will sign out every time I leave my CCFFH and I sign in when I return.
(3P)(b)	I had Cg#3 had a fire drill	11/20/19	I made a schedule and put in my calendar for all Cg to lead a fire drill at least once a year.

Primary Caregiver's Signature: Anita C. PineraPrint Name: Anita C. PineraDate of Signature: 11-5-19

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed In Corrective Action Report
 Chapter 17-1454

CCFFH Name: Anita Pinera
 CCFFH Address: 907 Winant Honolulu HI 96817

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
49(b)(3)	I have spoken to my SCG's to make sure they know + they cant leave until I return.	11/21/19	I am now using a sign-in sign out sheet.
54(c)(2)	I have received all previous service plans from CMA and placed in client chart	10/27/19	I will make sure CMA updates service plan every 6 months.
54(c)(5)	Both medications have been accounted for + checked by CMA & checked Mar is now up to date.	10/28/19	I will chart all medications every day and have CMA check Mar with me every month

Primary Caregiver's Signature: Anita Pinera

Print Name: Anita Pinera

Date of Signature: 12-16-19